

Variations in the viral Hepatitis C prevalence and treatment status by material hardship among people who inject drugs in Los Angeles, California and Denver, Colorado, United States

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Background: Community recruited people who inject drugs (PWID) are disproportionately impacted by viral hepatitis C (HCV). Among PWID, structural vulnerabilities such as unsheltered houselessness, poverty, food and water insecurity increase infectious disease risk. Growing evidence shows that PWID experiencing greater material hardship may be at higher risk for negative health outcomes. We hypothesized that greater material hardship is associated with higher lifetime diagnosis of HCV and lower access to HCV treatment.

Methods: Between 2021–22, we recruited and surveyed 470 PWID from community settings about their history of HCV diagnosis and treatment. Our predictor variables were material hardship (continuous) i.e., difficulty finding food, clothing, shelter, restrooms, and showers in the past three months. Participants rated these 5 items on a four-point scale of Usually (4) to Never (1). Using logistic regression, our outcome variables were lifetime HCV status (binary) among all participants and ever having treatment of HCV (binary) among PWID testing positive for HCV.

Results: Over half the sample (52.54%) had tested positive for HCV in their lifetime. Of the participants who tested positive (n=246), only 66 PWID (26.61%) had ever received or were currently in treatment for HCV. In logistic regression, when controlling for age, gender, race and income, an increase in the material hardship score was associated with a 1.057 ($p=0.0082$, 95% CI: 1.014-1.101) factor increase in the log odds of reported HCV diagnosis. Among those testing positive for HCV, an increase in the material hardship score was associated with a 0.938 ($p=0.0363$, 95% CI: 0.884-0.996) factor decrease in the log odds of being in treatment after controlling for gender and income.

Conclusion: Increased material hardship was associated with greater odds of HCV diagnosis and lower odds of HCV treatment. Findings highlight the need for structural interventions addressing basic needs to improve HCV related outcomes among PWID.

Disclosure of Interest Statement:

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